



MICHIGAN Dwelling Application Instruction Sheet

NOTE: This cover page is NOT required with the application. It is for instructional purposes only!

1) If **Renovations** coverage is desired on this risk, please list **Renovations** in the first **Other** line followed by the amount in the **Limit of Liability** line of the Coverages, Limits & Premiums section of the application.

COVERAGES, LIMITS & PREMIUMS		
Coverages	Limit of Liability	Premium
Dwelling Base Premium	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____
Increased Adjacent Structures	\$ _____	\$ _____
Personal Liability	\$ _____	\$ _____
Premises Liability	\$ _____	\$ _____
Increased Medical Payments		\$ _____
*Deductible Change - Dollar Amount	\$ _____	+/- \$ _____
Additional Living Expense	\$ _____	\$ _____
Vandalism & Malicious Mischief (Must be same as Coverage A Limit)		\$ _____
Inspection Fee	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Credits / Surcharges		
*Deductible Change-Percentage Amount	\$ _____	+/- _____ %
*Other _____	\$ _____	+/- _____ %
*Apply Credit to Coverages A, B and/or C, refer to Rate Manual for rating method.		
TOTAL POLICY PREMIUM		\$ _____

2) If the risk is a **DP-3** and **Replacement Cost** is not desired, please list either *Actual Cash Value* or *Agreed Modified Functional Replacement Cost* in the second **Other** line. Please see the manual for settlement option definitions.

If you have any questions, please call prior to submitting the application. Thank you!

 <p>AMERICAN MODERN INSURANCE GROUP, INC.</p> <p>MICHIGAN DWELLING APPLICATION</p>	<p>Check Company:</p> <input type="checkbox"/> 070 American Family Home <input type="checkbox"/> 077 American Modern Home <input type="checkbox"/> 078 American Western Home <input type="checkbox"/> 080 American Southern Home <input type="checkbox"/> 085 American Modern Select	<p>Check Program:</p> <input type="checkbox"/> DP1 <input type="checkbox"/> Vacant <input type="checkbox"/> Vacant Manufactured Home <input type="checkbox"/> DP3	<p>Policy Number <input style="width:100%;" type="text"/></p> <p style="text-align: center;"><i>Use only at Direction of Company</i></p>
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Agency Number <input style="width:100%;" type="text"/>	PHONE: <input style="width:100%;" type="text"/> FAX: <input style="width:100%;" type="text"/>	Subproducer Number <input style="width:100%;" type="text"/>	PHONE: (<input style="width:100%;" type="text"/>) FAX: <input style="width:100%;" type="text"/>
AGENCY NAME		SUBPRODUCER NAME	
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	

BASIC INFORMATION / CLIENT INFORMATION							
FIRST NAME	MIDDLE INITIAL	LAST NAME	SS #:	DOB:			
					EMPLOYER:		
					OCCUPATION:		
SECONDARY APPLICANT'S FIRST NAME					MIDDLE INITIAL		
					LAST NAME		
					SS #:		
					DOB:		
					OCCUPATION:		
APPLICANT'S HOME PHONE: (<input style="width:100%;" type="text"/>)				WORK PHONE: (<input style="width:100%;" type="text"/>)			
LOCATION ADDRESS					CITY STATE ZIP COUNTY		
					EFFECTIVE DATE:		
MAILING ADDRESS (If different than location)					CITY STATE ZIP COUNTY		
					POLICY TERM IN MONTHS:		
Dwelling Limit	Purchase Date	Purchase Price	Year Built	Feet to Fire Hydrant	Inside City Limits?	Protection Class	
	/	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No		

ELIGIBILITY INFORMATION								
Occupancy	# Families	Construction Type	Roof Type			Electric Type	Style of Home	Sq. Ft. of Home
<input type="checkbox"/> Owner <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant <input type="checkbox"/> Dwelling <input type="checkbox"/> Mobile Home	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four	<input type="checkbox"/> Frame <input type="checkbox"/> Stucco or Asbestos <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Brick / Masonry <input type="checkbox"/> Log <input type="checkbox"/> Hand Hewn Log	<p>Date Replaced:</p> <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Wood or Shake Shingle <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiber Cement / Concrete <input type="checkbox"/> Slate <input type="checkbox"/> Steel <input type="checkbox"/> Tin <input type="checkbox"/> Other			<input type="checkbox"/> Breaker Box <input type="checkbox"/> Fuse Box <input type="checkbox"/> Both Breaker Box and Fuse Box <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Other	<input type="checkbox"/> 1 Story <input type="checkbox"/> 1 1/2 Story <input type="checkbox"/> 2 Story <input type="checkbox"/> 2 1/2 Story <input type="checkbox"/> Bi-Level <input type="checkbox"/> Tri-Level	
			<p>Roof Slope</p> <input type="checkbox"/> Flat <input type="checkbox"/> Pitched					
<p>IF RENTAL: How many of the applicant's rental dwellings are insured with AMIG? <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10 or more</p> <p>Is the dwelling occupied as a fraternity, sorority, student housing, or other similar occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>								

<p>IF VACANT: Date the dwelling became vacant? _____</p> <p>Reason for Vacancy: <input type="checkbox"/> Pending Sale <input type="checkbox"/> Between Tenancy <input type="checkbox"/> Under Renovation <input type="checkbox"/> Job Transfer <input type="checkbox"/> Estate <input type="checkbox"/> Other</p>	<p>IF VACANT MANUFACTURED HOME, Please List:</p> <table style="width:100%;"> <tr> <td>Length/Width</td> <td>Make</td> <td>Model</td> <td>Serial #</td> </tr> <tr> <td><input style="width:100%;" type="text"/></td> <td><input style="width:100%;" type="text"/></td> <td><input style="width:100%;" type="text"/></td> <td><input style="width:100%;" type="text"/></td> </tr> </table>	Length/Width	Make	Model	Serial #	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
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<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>						
Type of Foundation	Bathrooms	Fireplaces	Central Air Conditioning	Type of Garage	Size of Garage	Porches / Decks			
<input type="checkbox"/> Open <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Partial Basement <input type="checkbox"/> Full Basement	If there is a Full or Partial Basement, is it: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> Partially Finished <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%	# Full Baths _____ # Half Baths _____	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Built-In <input type="checkbox"/> Attached Carport	<input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3 Car <input type="checkbox"/> 4 Car	Type <input type="checkbox"/> Open <input type="checkbox"/> Enclosed <input type="checkbox"/> Screened Patio <input type="checkbox"/> Balcony / Deck		

LOSS INFORMATION	COVERAGES, LIMITS & PREMIUMS																																																																														
<p>Has the applicant had any losses in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Prior Loss History.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Date</th> <th style="width:20%;">Cause</th> <th style="width:30%;">Description</th> <th style="width:35%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>How many dwellings are owned by the insured? _____</p>	Date	Cause	Description	Amount																					<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">Coverages</th> <th style="width:10%;">Limit of Liability</th> <th style="width:20%;">Premium</th> </tr> </thead> <tbody> <tr><td>Dwelling Base Premium</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Personal Property</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Increased Adjacent Structures</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Personal Liability</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Premises Liability</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Increased Medical Payments</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>*Deductible Change - Dollar Amount</td><td>\$ _____</td><td>+/- \$ _____</td></tr> <tr><td>Additional Living Expense</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Vandalism & Malicious Mischief (Must be same as Coverage A Limit)</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Inspection Fee</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Other _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Other _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td colspan="3">Credits / Surcharges</td></tr> <tr><td>*Deductible Change-Percentage Amount</td><td>\$ _____</td><td>+/- _____ %</td></tr> <tr><td>*Other _____</td><td>\$ _____</td><td>+/- _____ %</td></tr> <tr><td colspan="3">*Apply Credit to Coverages A, B and/or C, refer to Rate Manual for rating method.</td></tr> <tr> <td style="text-align: right;">TOTAL POLICY PREMIUM</td> <td colspan="2" style="border: 1px solid black; text-align: center;">\$ _____</td> </tr> </tbody> </table>	Coverages	Limit of Liability	Premium	Dwelling Base Premium	\$ _____	\$ _____	Personal Property	\$ _____	\$ _____	Increased Adjacent Structures	\$ _____	\$ _____	Personal Liability	\$ _____	\$ _____	Premises Liability	\$ _____	\$ _____	Increased Medical Payments	\$ _____	\$ _____	*Deductible Change - Dollar Amount	\$ _____	+/- \$ _____	Additional Living Expense	\$ _____	\$ _____	Vandalism & Malicious Mischief (Must be same as Coverage A Limit)	\$ _____	\$ _____	Inspection Fee	\$ _____	\$ _____	Other _____	\$ _____	\$ _____	Other _____	\$ _____	\$ _____	Credits / Surcharges			*Deductible Change-Percentage Amount	\$ _____	+/- _____ %	*Other _____	\$ _____	+/- _____ %	*Apply Credit to Coverages A, B and/or C, refer to Rate Manual for rating method.			TOTAL POLICY PREMIUM	\$ _____	
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DIRECT BILL INFORMATION			
<p>PAYMENT OPTION - Select One:</p> <input type="checkbox"/> One pay - Full Premium Required <input type="checkbox"/> Four pay - 25% down* <input type="checkbox"/> Ten pay - 16.3% down* <input type="checkbox"/> E-Z Pay *(EFT - Monthly debits from bank account.) Attach form #00220-09-G*(N/A Vacant)	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express Card#: <input style="width:100%;" type="text"/> Expiration Date: _____ Amount to be Charged \$ _____ Name on Card: _____	Down Payment \$ _____ Installment Fee \$ _____ Amount Enclosed \$ _____	
<p>New Business Bill To: <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1 At Renewal Bill To: <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1</p>		Co. Use Only	\$ _____

UNDERWRITING INFORMATION

	YES	NO		YES	NO
1. Has applicant filed for bankruptcy in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	11. Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>
2a. Does the applicant own any animal with bite history or vicious propensities?	<input type="checkbox"/>	<input type="checkbox"/>	12. Is the primary heat source thermostatically controlled?	<input type="checkbox"/>	<input type="checkbox"/>
2b. Does the applicant own any Dobermans, Chows, Rottweilers, Pit Bulls, Akitas, wolves or wolf hybrids or any mix of these breeds?	<input type="checkbox"/>	<input type="checkbox"/>	12a. <i>If yes, what type?</i>		
2c. Does the applicant own any other wild or exotic animals, farm animals or horses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil-Forced Air <input type="checkbox"/> Heat Pump		
If yes, please explain: _____			<input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor		
			<input type="checkbox"/> Electric Wall Heaters <input type="checkbox"/> Other _____		
3. Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	13. Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
3a. If yes, is the pool enclosed by a fence at least 4 feet tall with a locking gate or can the steps and ladders to the pool be secured or removed when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	14. Is there a supplemental heating source used?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there any farming conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	15. Are kerosene or portable space heaters used?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there any business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	16. Does the dwelling have any unrepaired water damage or any water leaks?	<input type="checkbox"/>	<input type="checkbox"/>
5a. If yes, does the applicant have any employees associated with the business operation?	<input type="checkbox"/>	<input type="checkbox"/>	17. Is the dwelling an earth home, dome home, open pier, hand hewn log home, stilt home, row home, townhouse, condominium, or any other non-conventional design?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	18. Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the applicant had similar insurance declined, canceled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>	19. Does the dwelling currently have utilities such as natural gas, electric, or water?	<input type="checkbox"/>	<input type="checkbox"/>
7a. <i>If yes, why?</i>			20. Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Excess losses <input type="checkbox"/> Large losses <input type="checkbox"/> Failure to pay premium			21. Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Hazards <input type="checkbox"/> Carrier no longer writes in the state			22. Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Carrier no longer writes this type of business			23. Is the dwelling located within 1,000 feet of rising water or in an area that is prone to flooding?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Applicant no longer belongs to association or group			24. Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____			25. Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
8. Name of prior carrier? _____ Exp. Date _____			26. Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the applicant had a past conviction for arson or fraud? ?	<input type="checkbox"/>	<input type="checkbox"/>	27. Is there any unrepaired damage or broken windows?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the applicant been denied within the last 5 years, payment by an insurer of a claim under a home insurance policy (in excess of \$2,000) because of evidence of arson, conspiracy to commit arson, misrepresentation, fraud, or conspiracy to commit fraud?	<input type="checkbox"/>	<input type="checkbox"/>	28. Will the dwelling be used for Short Term Rental?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the amount of the claim denied was greater than:			28a. Will the lease term be less than 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
1) 15% of the amount of insurance in force under a <u>Repair Cost</u> Policy, or;	<input type="checkbox"/>	<input type="checkbox"/>	29. Does the insured live within 100 miles of the Property?	<input type="checkbox"/>	<input type="checkbox"/>
2) 10% of the amount of insurance in force under a <u>Replacement Cost</u> Policy.	<input type="checkbox"/>	<input type="checkbox"/>	30. Is the Property managed by a Property Manager?	<input type="checkbox"/>	<input type="checkbox"/>

LOSS PAYEE INFORMATION

Lienholder / Mortgagee Additional Insured (Please List Contract Seller as Additional Insured.)

Name _____ Loan Number _____

Address _____ City _____ State _____ Zip _____

Is Lienholder other than a financial institution? Yes No

Lienholder / Mortgagee Additional Insured

Name _____ Loan Number _____

Address _____ City _____ State _____ Zip _____

Is Lienholder other than a financial institution? Yes No

REMARKS

IMPORTANT NOTICE

As a part of our underwriting procedure, a routine inquiry may be made which will provide information concerning character, general reputation, personal and financial characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be provided upon written request. You are or may be violating state law or committing a crime knowingly to provide false, incomplete or misleading information to an insurance company for the purpose or intent of defrauding the company. Penalties may include imprisonment, fines, denial of insurance benefits, and may subject you to civil damages. In connection with this application for insurance, we may review your credit report or obtain or use a credit based insurance score based on the information contained in that credit report. We may use this information to decide whether to insure you or how much to charge. We may use a third party in connection with the development of your insurance score.

BINDER PROVISIONS

If the application indicates coverage is bound, then such insurance as is afforded by this binder is subject to the declarations, conditions, exclusions and other terms of the applicable policy form as is used by the company in the state where the risk is located. This binder shall expire 10 days from the effective date or it shall terminate: (1) immediately on notice of cancellation by the named insured or the company, or (2) on its effective date if replaced by a policy with an effective date the same day as that of the binder. If this binder is not replaced by a policy, a premium shall be charged for the period the binder is in effect.

Is Coverage Bound? Yes No

Applicant's Signature _____ Date _____

Agent's Name (Please Print) _____

Agent's Signature _____ License No. _____ Date _____

QUESTIONS AND ANSWERS ABOUT FLOOD INSURANCE

Q: *Why do I need a Flood Policy, I have a Homeowners Policy?*

A: Typically, Homeowners policies DO NOT include coverage for loss due to flood, mudslide, or wave wash. This applies to damage both to the building and to it's contents.

Q: *If I have a loss due to a flood, mudslide, or wave wash won't disaster assistance from the Federal Government take care of me?*

A: First, a national disaster must be declared by the Federal Government to receive any assistance. Second, assistance will come in the form of grants and loans that in many cases must be repaid with interest.

Q: *We haven't had a flood in this area ever that I can remember, do I really have a risk?*

A: While areas around and near the coast, lakes and rivers have the highest exposure to flood, many areas remote to water sources have exposure to flooding. Thirty three percent of all floods occur in lower risk zones. During a 30 year mortgage, the average home has a 26% chance of loss due to flood compared to a 4% chance of loss due to fire.

FLOOD INSURANCE WAIVER

Property Owner's Name: _____

Property Address: _____

I, _____, hereby certify that my agent has offered me the opportunity to purchase flood insurance coverage in the National Flood Insurance Program, and that I have elected to decline this coverage, as indicated below.

_____ I reject Building and Contents coverage for flood protection.

_____ I reject Contents coverage for flood protection.

_____ I reject Building coverage for flood protection.

_____ I reject the Replacement Cost Value, or maximum Building coverage amount available through the National Flood Insurance Program.

I understand that my homeowners / business owners policy does not provide coverage for flooding. I also understand that, because I have declined flood insurance protection, I will not be covered in the event that there is a loss to my property caused by flood.

I understand that my agent and/or agency will not be held liable for my decision to not purchase flood insurance.

Property Owner's or Representative's Signature

Agent or Customer Service Representative's Signature

Date

Date